

BASF RANGE RESERVATION REQUEST FORM:
FAX # 623-582-5317

EMAIL: BASFrequests@AZGFD.GOV

User Group Name: _____ **Date:** _____

Name of Applicant: _____ **Email:** _____

Signature: _____

Phone #: _____ **Fax #:** _____

FOR OFFICE USE ONLY-Do not write inside this box

| | | |
|--|-----|----|
| Current User Agreement on file? | YES | NO |
| Current Insurance certificate on file? | YES | NO |
| Invoices paid and up to date? | YES | NO |
| Is Applicant's name on User Agreement? | YES | NO |

The request is automatically denied if a No is circled above.

| EVENT DATE (S) | RANGE REQUESTED | RANGE TIME START / END | | LIGHTS REQUIRED YES/NO | BUILDING REQUESTED | BUILDING TIME START/ END | |
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| Detailed Course of Fire ➡ (Required) | | | | | | | |
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